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First Inventor or Application Identifier Aboul-Hosn

SINGLE PORT CARDIAC SUPPORT APPARATUS

TRANSMITTAL Only for new nonprovisional applications under 37 C F R. § 1. 53(b))

UTILITY

PATENT APPLICATION

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents. • Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and a duplicate for fee processing)

> (preferred arrangement set forth below) - Descriptive title of the Invention

- Detailed Description

- Abstract of the Disclosure

- Claim(s)

4. Oath or Declaration

- Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention

- Brief Description of the Drawings (if filed)

Drawing(s) (35U.S.C. 113) [Total Sheets

APPLICATION	Title SING	LE POR	I CARDING 01	4 -	.	
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Signed statement attached of inventor(s) named in the prior a see 37 C.F.R. §§ 1.63(d)(2) an	d 1.33(b).	15.	Other:		ı	
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Name		PATENT TRADEMARK OFFICE			
Address	A-Med Systems, Inc. 2491 Boatman Avenue	State	California	Z10 0000	95691 (916) 375-7444
City	West Sacramento	Telephone	(916) 375-7400, Ext.	301 Fax	
Country	U.S.		Registration No (A		40,182
Name	(Print/Type) Jonathan Spangler, E	sq.//	depe	Date ending upon the	September 25, 2000 needs of the individual case. Any Patent and Trademark Office,

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for FY 1999 Patent fees are subject to annual revision. Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.		Application Number	N/A	T
		Filing Date	September 25, 2000	
		First Named Inventor	Aboul-Hosn	- S. 6
		Examiner Name	N/A	99
		Group /Art Unit	N/A	Je8 4
TOTAL AMOUNT OF PAYMENT (\$)		Attorney Docket No.	PA066	ř嬖

	FEE CALCULATION (continued)
METHOD OF PAYMENT (check one)	
The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:	3. ADDITIONAL FEES Large Entity Small Entity Fee Fee Fee Fee Fee Description Fee Paid Code (\$) Code (\$)
Deposit Account Number 50-1026	105 130 205 65 Surcharge - late filing fee or oath 127 50 227 25 Surcharge - late provisional filing fee or
Deposit Account A. Med Systems, Inc.	COVEL SHEET.
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2. Payment Enclosed:	11 3 1,840* 11 3 1,840* Requesting publication of SIR after Examiner action
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FEE CALCULATION	116 380 216 190 Extension for reply within second month
1. BASIC FILING FEE	117 870 217 435. Extension for reply within third month
Large Entity Small Entity	118 1,360 218 680 Extension for reply within fourth month
Fee Fee Fee Fee Description Code (\$) Code (\$)	128 1,850 228 925 Extension for reply within fifth month
101 760 201 380 Utility filing fee \$345	Notice of Appeal
106 310 206 155 Design filing fee	120 300220 150 Filing a brief in support of all appear
107 480 207 240 Plant filing fee	121 260 221 130 Request for oral hearing
108 760 208 380 Reissue filing fee	138 1,510 1381,510 Petition to institute a public use proceeding
114 150 214 75 Provisional filing fee	140 110 240 55 Petition to revive - unavoidable
SUBTOTAL (1) (\$) 345	141 1,210 241 605 Petition to revive - unintentional
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Extra Claims	144 580 244 290 Plant issue fee
Total Claims 17 -20** = X	122 130 122 130 Petitions to the Commissioner
Claims	123 50 123 50 Petitions related to provisional applications
Multiple Dependent or number previously paid, if greater; For Reissues, see below	126 240 126 240 Submission of Information Disclosure Stmt
Large Entity Small Entity Fee Fee Fee Fee Fee Description	581 40 581 40 Recording each patent assignment per property (times number of properties)
Code (\$) Code (\$)	146 760 246 380 Filing a submission after final rejection
103 18 203 9 Claims in excess of 20 102 78 202 39 Independent claims in excess of 3	(37 C.F.R § 1.129(a)) 149 760 249 380 For each additional invention to be
102 78 202 39 Independent claims in excess of 104 260 204 130 Multiple dependent claim, if not paid	149 760 249 380 For each additional investment (37 C.F.R § 1.129(b))
109 78 209 39 ** Reissue independent claims over original patent	Other fee (specify)
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TOTAL TELL MY	Complete (if applicable)
SUBMITTED BY	Registration No. (Attorney/Agent) 40,182 Telephone (916) 375-7400, Ext. 301
Name (Print/Type) Jonathan Spanger, Esq.	Date September 25, 2000
Signature // //	the state and individual case. Any commen

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